

01-*R*-0162

Entered - 10-24-00 - sb
CL 00L0653 ALEXIS HOLMES

CLAIM OF: **MICHAEL MOORER**
3359 River Mill Lane
Ellenwood, Georgia 30294

For damages alleged to have been sustained as a result of vehicular damage caused by the malfunction of an electronic gate on September 26, 2000 at the Atlanta Airport.

BY PUBLIC SAFETY AND
LEGAL ADMINISTRATION COMMITTEE:

BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to **Michael Moorer** the sum of **\$1,078.79** in full settlement and satisfaction of all claims, past, present and future, of every kind and character for damages alleged to have been sustained as a result of vehicular damage caused by the malfunction of an electronic gate on September 26, 2000 at the Atlanta Airport as is more particularly set forth in the within claim; said sum taken from and charged to account 2H01/529017/T31001, Settlement of Suits and Claims, Department of Law.

APPROVED: SUSAN PEASE LANGFORD
CITY ATTORNEY

BY: *Rosalind Rubens Newell*
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0653

Date: 1/30/01

Claimant /Victim MICHAEL MOORER

BY: (Atty) _____

Address: 3359 River Mill Lane, Ellenwood, Georgia 30294

Subrogation: _____ Claim for Property damage \$ 1,078.79 Bodily Injury \$ _____

Date of Notice: 10/6/00 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 9/26/00 Place: 1096 Aviation Boulevard - Gate 41

Department Aviation Division: Maintenance

Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: The claimant is employed as an air-traffic controller at Atlanta Hartsfield Airport. He sustained vehicular damage when the security gate malfunctioned and fell on his truck. The City had prior notice of the problem and had failed to resolve it.

INVESTIGATION:

Statements: City employee X Claimant X Other _____ Written X Oral _____

Pictures _____ Diagrams _____ Reports: Police X Dept Report X Other _____

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____

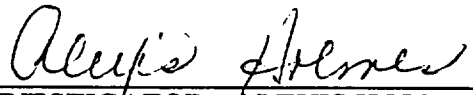
Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable X

City not involved _____ Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent X Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - ALEXIS HOLMES

RECOMMENDATION:

Pay \$ 1,078.79 Adverse _____ Account charged: 1A01 _____ 2J01 _____ 2H01 X

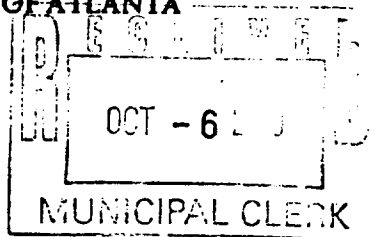
Claims Manager:  Concur/date 02/01/01

Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA

CLERK OF COUNCIL

City Hall

55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 10-2-00

06-10-00A10:06 RCVD

Dear Clerk of Council:

ENTERED - 10-24-00 - SB
00L0653 - ALEXIS HOLMESThis is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 1078-79 property and/or \$ _____ bodily injury for which I contend the City is liable.

1. Date of incident: 9-26-00
(month/day/year)
2. Police called: ☒ Yes ☐ No
3. Location of incident: GATE 41 ATL HANTS FIELD APT 1096 Aviation Blvd
4. Name of your insurance company: KEMPER Policy No. CV592101
5. State what and how incident occurred: The electronic gate fell on my vehicle as I proceeded through the Exit.
6. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!
7. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).
- | | | | | |
|---------------|-------------|----------------------|---------------------|----------------------|
| Your vehicle: | <u>Ford</u> | <u>94</u> | <u>714 SCF</u> | <u>Michael Moore</u> |
| | (make) | (year) | (tag number) | (driver's name) |
| City vehicle: | _____ | _____ | _____ | _____ |
| | (make) | (City driver's name) | (department/bureau) | |
8. Witness: _____
(name) (address) (telephone number)
9. The acknowledgement of this claim in no way waives the Governmental immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).
10. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Michael Moore

(claimant's name)

3359 Rura Mill Ln

(address)

Ellenwood GA 30294

(city and state)

404-669-1209

(work number)

404-241-3335

(home number)

01-R-0162